



**FORM REQUIRED:** For any individual undergoing a background check in relation to a City of Chicago business license.

**INSTRUCTIONS:** Provide the information requested below. If more room is needed to complete any of the following sections, include an attachment. This form must be signed by the individual whose information is provided, and notarized, and **A PHOTOCOPY OF CURRENT GOVERNMENT-ISSUED PHOTO ID MUST ALSO BE INCLUDED FOR THE INDIVIDUAL.**

**PERSONAL INFORMATION**

▶ PROVIDE THE FOLLOWING PERSONAL INFORMATION

First Name		Middle Name		Last Name		Maiden Name		Suffix	
Current Residential Address				Suite/Apt.		City		State Zip code	
Home Phone ( )		Work Phone ( )		Cellular Phone ( )		Email Address			
Driver's License State & #		Social Security # - -		Date of Birth: / /		Age		Place of Birth	
Height		Weight lbs.		Hair Color		Eye Color		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Corporate Title/Relationship to Applicant									

Have you ever been fingerprinted for a Chicago business license? ▶ ☐ Yes ☐ No If Yes, year of printing ▶

**MARITAL HISTORY**

▶ PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR MARITAL HISTORY

<b>Current Marital Status</b> (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed * if married or divorced, provide spouse or ex-spouses name below					IF YOU ARE APPLYING FOR A LIQUOR LICENSE AND YOU OWN <b>5% OR MORE INTEREST</b> , EITHER DIRECTLY OR INDIRECTLY, IN THE APPLICANT ENTITY, THEN YOUR CURRENT SPOUSE MUST COMPLETE A SPOUSAL AFFIDAVIT FORM AND PROVIDE A PHOTOCOPY OF CURRENT GOVERNMENT ISSUED PHOTO ID.				
First Name		Middle Name		Current Last Name		Maiden Name/Married Name		Suffix	

**CRIMINAL HISTORY**

▶ PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CRIMINAL BACKGROUND (LIST ALL CRIMINAL CONVICTIONS)

Have you ever been convicted of a criminal offense? <input type="checkbox"/> No <input type="checkbox"/> Yes*	If Yes, please list Crime # 1		Location		Disposition	
	Crime # 2		Location		Disposition	

**EMPLOYMENT HISTORY**▶ PROVIDE YOUR EMPLOYMENT HISTORY FOR THE PAST **5 YEARS** (INCLUDE AN ATTACHMENT, IF NECESSARY)

Most Recent Employer's Name		Employer's Phone ( )		Employed From / /		Employed To / /	
Employer's Address		Suite/Apt.		City		State Zip code	
Job Title		Type of Work		Immediate Supervisor			
Second Most Recent Employer's Name		Employer's Phone ( )		From / /		To / /	
Employer's Address		Suite/Apt.		City		State Zip code	
Job Title		Type of Work		Immediate Supervisor			

**ACKNOWLEDGEMENT**

▶ REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW

*I hereby certify that the information supplied in this form is true and complete, and hereby authorize the City of Chicago to make all necessary inquiries to verify its accuracy. A false statement of material fact made on this form may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines and an award to the City of Chicago of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

Notary Public in and for said County and State

(PLACE SEAL HERE)